

Robert J. Kinsey Youth Center
701 S. Berkley Rd.
Kokomo, Indiana 46901
(PHONE) 765-457-1408
Secure Detention

Dear Secure Detention Parent or Guardian:

Your child has been detained at the Robert J. Kinsey Youth Center, Secure Detention. As a parent of this child, you have certain rights and responsibilities. The staff of Secure Detention will be happy to assist you as much as possible during your child's detention.

While being detained, your child will be actively participating in a highly structured program designed to protect them and assure their security while at the same time attempting to meet their ongoing educational, physical, and emotional needs. We will make every attempt to work with you to continue any ongoing counseling and remedial programs that you have initiated for your child. Any medical needs are required to be addressed immediately and you, as the parent, will remain responsible for authorization and financial arrangements.

PRISON RAPE ELIMINATION ACT (PREA) (The following is covered with your child during their intake.)

The Robert J. Kinsey Youth Center is committed to providing a safe and secure environment in which residents and their families can work on their individual needs and issues. The facility adheres to a zero-tolerance policy for any and all sexual activity on all units within the facility.

If you have been sexually assaulted **REPORT THE ATTACK IMMEDIATELY TO ANY STAFF**. The longer you wait to report the attack the more difficult it is to obtain the evidence necessary for a criminal and or administrative investigation. You will be seen by medical immediately. Do not shower, brush your teeth, use the restroom or change your clothes because you could destroy evidence. To support this commitment, the facility has implemented several reporting methods for residents and families in case of a sexual incident:

- On every unit the facility has a reporting system via the phone. A resident can use any unit phone and dial 1-800-800-5556 and report sexual abuse or misconduct.
- Residents are encouraged to use this system to report sexual abuse issues or any issues or concerns they may have.
- All staff members are trained to respond immediately and report all incidents of sexual abuse or misconduct.
- Residents reporting sexual abuse or misconduct will be free of any staff reprisals and will not have the report affect them negatively, in any way.
- The Kinsey Youth Center has a grievance system in each unit.
- Residents who do not feel comfortable using the phone or telling staff can use a grievance to identify sexual misconduct or abuse and submit the grievance into a confidential and secure "lock box" located on the unit.
 - Residents who do not feel comfortable talking to staff or using other reporting methods to report sexual abuse or misconduct, can tell their family or community caseworker, who can then forward the information to the Youth Center for follow-up.
- Residents should feel confident that any report, allegation, or grievance will be taken seriously and investigated thoroughly. They will further be handled professionally and in a timely manner.
- Residents and staff identified as engaging in any sexual contact, abuse, or misconduct will be disciplined or prosecuted in full accordance with policy, procedures, and State Laws.

EDUCATION

Education Programming instruction is provided by Kokomo School Corporation. Parents are asked to bring their child's textbooks and/or electronic devices and assignments to the center. Your assistance will allow your child to continue to receive academic credit.

MEDICAL

Parents are expected to provide ALL of the child's prescribed medications to the center, as soon as possible. All medications are required to be in their original packaging/bottle with an original, legible label. The prescriptions **MUST** be dated within thirty (30) days of the resident's admission date. If the medication is out of date or has a missing label, it cannot be given. This includes inhalers.

HYGIENE

Upon admission to the Center, your child will be issued a set of personal hygiene items. They will also be issued a clean set of clothing each day and an opportunity to shower. Your child will not need any personal clothing except what they were wearing when admitted. (If you are aware that your child was not properly dressed at the time of custody and intake, please call Secure Detention and plan to provide appropriate clothing.)

COMMISSARY

Your child may purchase name brand hygiene items from Kinsey Commissary. You may place money, in cash, on your child's account Monday-Friday between 8am and 4pm or during scheduled visitation. There is a locked box in the center lobby for this purpose. Another alternative is to mail a money order, paid to the order of Kinsey Youth Center with your child's name written in the memo section. Upon your child's release, any remaining funds, will be mailed in the name of your child to the address provided at the time of release.

COMMUNICATION

The Kinsey Youth Center will provide postage for two letters weekly. Additional postage may be purchased through commissary.

Visitation Hours:

Wednesday evening from 6:30pm to 8:00pm

Sunday afternoon from 1:30pm to 3:00pm.

- You must call ahead and schedule your visitation time.
- Only approved visitors, with a valid photo ID.
- Visitors must be older than 21 years of age
- All visitors must be approved by the Probation Officer.
- The maximum number of visitors at one time is two.
- Visit length varies, depending on the resident's level.
- Please leave purses and other items in your car or in lockers provided in the lobby.
- Phones will not be permitted past the lobby.
- You will be subject to search at any time you are in the facility.
- If your child is leaving for placement he/she is eligible for a one-hour special visit. You must call prior to placement to schedule this visit.
- You may purchase a 20 oz. Soft drink and one snack from Kinsey Vending when you come to visit. Soft drinks are \$1.00 and snacks are \$.35 to \$1.00. You will be expected to have appropriate small bills and change.

Phone Calls:

Phone calls will be made between 6:00pm and 7:30pm on non-visiting days.

- An additional phone call daily will be allowed when your child earns Level 5.
 - That call will be placed between 8am and 4pm.
- If these phone times or visiting times do not fit into your schedule, please call the Program Director or Caseworker to make other arrangements
- Please note your child is only allowed to make phone calls and cannot receive in-coming calls.
- Your child will only be allowed to speak with persons who are approved by his/her Probation Officer.
- No three-way calls are allowed.
- If you would like to add someone to your child's approved contact list, please contact your child's Probation Officer.
- If you would like to discuss your child's detention or any special needs, please contact the Program Director or Caseworker between 8am and 4pm, Monday through Friday.

Your cooperation and participation are vital. Please make every effort to work with us and for your child.

Release time, at the end of your juvenile's stay, will be coordinated with you on an individual basis. We thank you in advance for your cooperation.

We are not responsible for any property left at the Center past 30 days.

Respectfully,

Tracey Derrick, B.A., JSOCC
Program Director

Jamie "Cherisse" Thompson, B.A.
Caseworker

Robert J. Kinsey Youth Center
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Emergency Shelter Care

Dear Emergency Shelter Care Parent/Guardian,

Your child has been temporarily placed in the Emergency Shelter Care Unit of the Robert J. Kinsey Youth Center. This letter explains your rights and responsibilities as a parent.

CASE CONFERENCE: It is your responsibility to contact the Emergency Shelter Care Unit and speak with either the unit case worker or program director within 24 hours of your child's detention. This can be done during business hours 8:00 am to 4:00pm Monday through Friday by calling 765-457-1408 and asking for the Emergency Shelter Care Unit.

PROPERTY: Please deliver the following items immediately upon your child's admission.

- Prescription medication with current label, (within the past thirty days)
- Sleepwear appropriate for a co-ed setting
- Four changes of clothing
- Coat appropriate for season
- Two pair of shoes, one for recreation
- School books and necessary school supplies
- Optional items – one pair of post earrings, a watch, curling iron, straightener, hair dryer, make-up
- Parent may provide electric razor.
- Please see attached hygiene policy for hygiene information.
- Parents may deposit money into their child's commissary account to purchase name brand items. (Cash or money order only, can be delivered to facility lobby and deposited in the Commissary Box or mailed to the Kinsey Youth Center with your child's name in the memo section.)

Except for emergencies, items may be exchanged or replaced **only** at visitation. All items are to be given to and exchanged through youth center staff.

RESTRICTED PROPERTY: The following items will be stored, destroyed or returned to you as they are **not** appropriate for shelter care:

- Tobacco, smoking or vaping materials of any kind.
- Over the counter or expired prescription medication
- Money
- Clothing or items that depict sex, violence, disrespect, drugs, or famous personalities
- Clothing which does not fit properly, tank tops, halter tops, strapless tops, spaghetti strap tops, low-cut tops, crop tops, tops which are short, shorts that have less than a seven-inch inseam, tight yoga pants/leggings, or clothing with any musical groups or band.
- Mirrors, aerosol cans, glass containers, perfume, cologne or body spray
- Acrylic or fake nails of any kind
- Items of value or items that are deemed unnecessary or inappropriate by youth center staff.

The Robert J. Kinsey Youth Center is not responsible for lost or stolen property. Property left at the youth center for longer than 30 days will be destroyed or donated to charity.

HEALTH: If your child is under a doctor's care or has a chronic healthy condition, you are required to arrange for a physical exam within 48 hours of their admission. A physical exam is also required if your child stays longer than 30 days. You are responsible for all fees and transportation. We will provide you the required form for your doctor to complete. This form will need to be returned to the Emergency Shelter Care Unit. You are encouraged to continue or initiate counseling with your child as necessary and to notify the Shelter Care Unit of all appointments in advance. Appointment cards are requested to verify appointments.

FAMILY CONTACT: Approved contacts are determined by the placing agency, however, are limited to parents or guardians over 18 years of age.

The phone is available each day of the week for you to speak with your child between the hours of 6:30 pm and 7:00 pm unless you have had a visit that day. You may also call the center to speak with your child during that time.

Visitation is on Tuesday, Thursday, and Sunday evenings from 6:00 pm until 8:00 pm and Saturday 2:00 pm 4:00 pm and is limited to two people at a time for one (1) hour. **Visitors must schedule visitation in advance by contacting the Emergency Shelter Care Unit. Visitors will be expected to confirm their identification with a photo ID prior to entering the youth center.** You may purchase a beverage and/or snack from the vending machines provided by the center for your child to consume during your visit. All items **must** be consumed prior to the end of the visit.

If you are not available for phone calls or visitation at these times, please contact the Emergency Shelter Care unit to make alternate arrangements. It is important that Shelter Care has a phone number where you can be reached in case of an emergency.

Therapeutic passes, if required are to be scheduled through the collaboration of the parent/guardian, placing agency, and ESC administration. We suggest a successful visit in Shelter Care be observed before a home pass is granted. Passes are for the purpose of enrolling in school, therapy, or job hunting.

Family contact is intended as an opportunity for you to spend quality time with your child and to work on existing problems. You are expected to supervise your child the entire time you have signed him/her out of Emergency Shelter Care. **You are also expected to go directly to and from appointments with no additional stops.** If problems develop and are getting out of control during passes, we suggest you immediately return your child to Emergency Shelter Care.

While we encourage you to continue working with your child's school, we occasionally have parents who use school as an opportunity to bypass the court and Emergency Shelter Care for things that are not related to school. School is not the time or place for visits or phone calls and these activities can be disruptive to the education environment.

It is our desire to work with you toward the best interest of your child and we ask for your cooperation. Please contact us with any questions or concerns.

Sincerely,

Julie Watkins B.S., JSOCC
Program Director

Rosalie Prifogle, B.S., JSOCC
Case Worker

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EMERGENCY SHELTER CARE HYGIENE POLICY

The policy of the Robert J. Kinsey Youth Center medical department concerning hygiene products is as follows:

The following items will be provided by the center upon admission:

1. Shampoo
2. Deodorant
3. Toothbrush and toothpaste
4. Soap
5. Comb/pick/razor
6. Lotion
7. Hair Moisture (African American)

The following name-brand items will be available for purchase through the commissary:

1. Shampoo & Conditioner or 2 in 1 Shampoo/Conditioner
2. Deodorant
3. Toothbrush and Toothpaste
4. Soap/Body wash
5. Shaving Cream/Gel
6. Chapstick/lip balm
7. Hair Gel

The family of the resident may provide the following products:

1. Brush/comb or pick (no metal)
2. Hairdryer, curling iron, electric razor
3. Hair tie
4. Basic make-up

All hygiene items must be able to fit into a shoe box-size container. Emergency Shelter care residents are not permitted to use perfume, cologne, or body spray. NO HYGIENE ITEMS CAN BE PROVIDED FROM OUTSIDE SOURCES, WITH THE EXCEPTION OF THOSE FOUR ITEMS LISTED ABOVE.

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ADMISSIONS POLICY

POLICY

It is the policy of the Robert J. Kinsey Youth Center to accept those juveniles for admission who are appropriately referred by persons having detention/placement authority through a court with legal jurisdiction.

All admissions will meet the requirements as specified in the Indiana Juvenile Code, specific for the various forms of detention, and will follow the law as to the required hearings and process.

Juveniles who have an IQ lower than 70, will be accepted on a case-by-case basis, after review and assessment by internal treatment providers.

Juveniles who have serious acute and/or chronic medical needs will be accepted on a case-by-case basis after review and assessment by internal treatment providers. Be advised we are unable to care for juveniles who have experienced an organ transplant, Celiac Disease, or Cystic Fibrosis.

Juveniles who are accepted for admission and who have acute or chronic medical conditions will only be accepted if supplies to treat said conditions are provided at intake.

The Robert J. Kinsey Youth Center maintains the right to refuse admission to a child whose supervision needs are deemed to be beyond our ability to provide a safe, secure, and nurturing environment, in the best interest of the child.

Priority placement will be given to those Howard County Agencies that have court authority with secondary consideration given to other jurisdictions, as a courtesy, when beds are available.

Juveniles who are suspected to be under the influence of controlled substance/s or who profess to be suicidal will require medical clearance, before being considered for admission.

Residents placed in Emergency Shelter Care will have a twenty (20) day residency limit. A discharge plan will be required at the time of admission and a plan of action will be provided to the Emergency Shelter Care Unit Administrative staff by day fifteen (15), per Department of Child Service policy.

All admissions, other than those coming directly from the Howard County Juvenile Court, will be cleared through an administrative staff member representing the Robert J. Kinsey Youth Center.

A completed admission packet available on our website: <http://www.howardcountyin.gov/juvenile-services/robert-j-kinsey-youth-center> must accompany the child at the time of admission. Completed signature forms are required at admission.

Upon acceptance and receipt of a transport order, the child can then be transported to the Robert J. Kinsey Youth Center.

A unit case worker will follow up within 24 hours of admission requesting additional information from the placing agent and or parent/guardian.

Placing agencies agree to have weekly face-to-face contact with CHINS residents per DCS policy.

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AUTHORIZATION FORM

Name of Child: _____

Date: _____

I authorize the Kinsey Youth Center staff to release or receive educational, medical, social, and psychological information when the staff feels it serves the best interests of the above-mentioned child.

Child's Signature

Parent/Legal Guardian Signature

Relationship to Child

Staff Signature/Witness

Date

CONSENT FOR MEDICAL AND MENTAL HEALTH TREATMENT

I, _____, parent or legal guardian of the minor,
_____, do hereby give my permission for the personnel of the Robert J. Kinsey Youth Center to take said minor child to a doctor, therapist or hospital and authorize that person to give consent for MEDICAL and MENTAL HEALTH treatment and sign an authorization on my behalf for any treatment or procedure deemed necessary by the attending physician. I further accept all financial responsibility for costs incurred for treatment.

Parent or Guardian Signature

Date

APPROVED FAMILY CONTACT

Phone:

Name/s

Phone number

Name/s

Phone number

Visitation:

Name/s

Relationship

Name/s

Relationship

Robert J. Kinsey Youth Center
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ADMISSIONS AGREEMENT

DATE: _____

_____, a licensed child placement agency, does hereby request the Robert J. Kinsey Youth Center to receive for care _____.

I agree if the Robert J. Kinsey Youth Center accepts this child for care that:

1. Said child shall remain in the care of the Robert J. Kinsey Youth Center for the time designated by the court.
2. Said child may be visited by approved visitors as stipulated below and under conditions stipulated by the Robert J. Kinsey Youth Center.
3. We, the undersigned, will be available for conferences regarding the said child as requested by the Robert J. Kinsey Youth Center.
4. We, the undersigned, agree to provide written documentation for the said child as requested by the Robert J. Kinsey Youth Center.
5. Any placing agency outside Howard County agrees to immediately remove any child whose removal is deemed appropriate and/or necessary by the Robert J. Kinsey Youth Center.
6. We, the undersigned, agree to make monthly payments, as billed, at the per diem rate of:

PER DIEM:

_____ Emergency Shelter Care, Department of Child Service.....Contracted Rate/ICPR
_____ Secure Detention, Indiana Department of Correction.....\$147.00 per day
(Secure stays will be billed a full day on the day of admission and release.)

7. We, the Placing Agency agree to assume responsibility for all medical, dental and psychiatric cost; when insurance/Medicaid information is not provided by the Placing Agency.

I believe this child to be a threat to self or others:

Y N

EXPLANATION _____

I believe this child is under the influence of mood-altering substance:

Y N

EXPLANATION _____

REASON FOR PLACEMENT IN EMERGENCY SHELTER CARE OR SECURE DETENTION:

CHINS: _____ or DELINQUENCY: _____

IF DELINQUENT CHARGES: _____

PRIOR FELONIES? IF SO, WHAT: _____

WE MUST REQUIRE THAT YOU PROVIDE A TELEPHONE NUMBER AND A PERSON WHO CAN BE CONTACTED ON A 24-HOUR BASIS.

Contact Person & Title

Office Phone

Cell Phone

Email Address: _____

Placement Agency Staff Signature

Date

Kinsey Youth Center Staff Signature

Date

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INTAKE PACKET
Helps and Reminders

1. Medications must be in original bottles with current prescription orders (within 30 days) at the time of admission. Inhalers must have a prescription and a label.
2. Medical insurance information must be provided at the time of admission. (Copy of the insurance card is beneficial.)
3. CHINS admissions will need personal clothing (four sets, a jacket/coat, and pajamas for a co-ed setting).
4. Please sign and complete the release forms included in this packet.
5. Please note the care and supervision concerns on admission forms.

**ROBERT J. KINSEY YOUTH CENTER
HEALTH AND MEDICAL INFORMATION**

Child's Legal Name: _____

Preferred Name or Goes By: _____

Parent/Guardian Name: _____
(Mother)

Address: _____

Phone 1: _____ **Phone 2:** _____

Marital Status of Parent/Guardian: _____

Parent/Guardian Name: _____
(Father)

Address: _____

Phone 1: _____ **Phone 2:** _____

Marital Status of Parent/Guardian: _____

Alternative Care Provider/s: _____
(Foster/kinship)

Address: _____

Phone 1: _____ **Phone 2:** _____

Siblings: _____

| Name | Address | DOB |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Child's Address: _____

Phone: _____

Age: _____ **DOB:** _____ **Race:** _____ **Sex:** _____

Birthplace: _____ **SSN:** ____ - ____ - ____

Height: ____ ft. ____ in **Weight:** ____ **Hair Color:** _____ **Eye Colors:** _____

LIST:

Child's Doctor: _____
Child's Dentist: _____
Mental Health: (agency and provider): _____
Insurance Carrier: _____
Insurance Number: _____
Name of Insured Person: _____
SS # of Insured Person: _____
Employment of Insured Person: _____
Date of Birth of Insured Person: _____
Specific Hosp. Or Doctor: _____
Restrictions (explain): _____
Religious Preference: _____

Emergency Contact Name: _____ Phone: _____
Additional Emergency Contact Name: _____ Phone: _____

IS THE CHILD:

Under a physician's care? _____yes _____no
Taking any medication? _____yes _____no
If yes, list medication: _____

Wearing eye glasses/contacts: _____yes _____no
Allergic to foods/medication? _____yes _____no
If yes, explain: _____

A user of tobacco products? _____yes _____no
Pregnant/suspect pregnancy? _____yes _____no
Wearing a prosthesis? _____yes _____no

DOES THE CHILD:

Wet the bed? _____yes _____no
Have sleep irregularities/
Fall out of bed/sleepwalk? _____yes _____no
Have convulsions/seizures? _____yes _____no
Have asthma? _____yes _____no
Have respiratory conditions? _____yes _____no
Have diabetes? _____yes _____no
Have a history of tuberculosis? _____yes _____no
Have body piercings? _____yes _____no
If yes, where? _____
Have scars/marks? _____yes _____no
If yes, where? _____
Have a special diet? _____yes _____no
Have scheduled medical
appointments? _____yes _____no
If yes, where/when? _____

HAS THE CHILD:

Been exposed to communicable
disease in the past 3 weeks? _____yes _____no
Had the chickenpox? _____yes _____no
Been hospitalized? _____yes _____no
Had recent injuries requiring
Medical attention. _____yes _____no
Had recent illnesses lasting
More than one week? _____yes _____no

MISCELLANEOUS:

Medical condition not previously covered _____

Other situations of concern (restrictions, TPR, no contact orders) _____

LIST DATES OF THE MOST RECENT:

1. Tetanus Shot: _____

2. TB skin test: _____

STATE OF INDIANA
REPORT OF PRELIMINARY INQUIRY
(A copy of your county prelim will meet this request.)

Child's Name: _____ Age: _____ DOB: _____

Address: _____ Phone: _____

Race: _____ Sex: _____ Ht. _____ Wt.: _____ Hair: _____ Eyes: _____

Place of Birth: _____ SS#: _____

CURRENT LEGAL STATUS: _____

ALLEGATIONS

(1) Date: _____ Time: _____ Offense: _____ A D

(1) Date: _____ Time: _____ Offense: _____ A D

(1) Date: _____ Time: _____ Offense: _____ A D

(1) Date: _____ Time: _____ Offense: _____ A D

PREVIOUS REFERRALS
(Date/Charge/Detention/Disposition)

1. (/ /) _____

2. (/ /) _____

3. (/ /) _____

4. (/ /) _____

5. (/ /) _____

SCHOOL

School Name: _____ Grade: _____ Type: R MMH EH SEH LD VIRTUAL

Attendance: _____ Explanation: _____

Grades: A's B's C's D's F's D.A.R.E. Grad: Y N

Suspensions/Expulsions: _____

Habitual Detentions: _____

Extra-Curricular Activities: _____

FAMILY BACKGROUND

Mother: _____

Address: _____

Marital Status: S/M/RM/D/W

Employer: _____

Work Hours: _____

Phone: (H) _____ (W) _____

DOB: _____ SS# _____

Father: _____

Address: _____

Marital: S/M/RM/D/W

Employer: _____

Work Hours: _____

Phone: (H) _____ (W) _____

DOB: _____ SS# _____

SIGNIFICANT OTHER: (i.e. visitation, support)

Name: _____
Relationship: _____
Address: _____
Employer: _____
Phone: (H) _____ (W) _____

Name: _____
Relationship: _____
Address: _____
Employer: _____
Phone: (H) _____ (W) _____

NON-CUSTODIAL PARENT INVOLVEMENT: (i.e. visitation, support)

SIBLING(S):

Name: _____ Age: _____ Address: _____
Name: _____ Age: _____ Address: _____
Name: _____ Age: _____ Address: _____

EMPLOYER: _____ Income: _____

HEALTH HISTORY:

Present/chronic health problems: _____

Medications: _____

Mental Health History: _____

Mental Health History in Family: _____

Most Recent In-Patient Treatment (Agency/Date):

Out-patient Therapy: Y N Therapist: _____

AFDC: Y N F.S.: Y N GUARDIAN IS NATURAL PARENT Y N

SOCIALIZATION

Curfew: _____ Abides: _____

Associates:

Do Parents Approve? _____

Religious Preference: _____

Physical Abuse: Y N _____

Sexual Abuse: Y N _____

Neglect: Y N _____

| | | | | |
|--------------|--------------|--------------|------------|------|
| Alcohol Use: | Experimental | Recreational | Disruption | None |
| Drug Use: | Experimental | Recreational | Disruption | None |

Obsession w/Fire: _ Y N _____

Gang Involvement: Y N Affiliate: _____

CHILDS FUNCTIONING IN THE HOME:

Does Child Respond to Discipline/Authority? _____

Is Child Abusive Towards Family Members? _____

Other: _____

DETENTION:

Detained: Y N When? _____ Where? E.S.C. SEC.

Why: () CHINS
() Unlikely To Appear () Parent Not Found/Unwilling
() Class A or B Felony () Protection Child/Community
() Youth's Request () other _____

RECOMMENDATION/ DISCHARGE PLAN: (check all that apply)

() Probation () Residential Placement at: _____
() Re-unification with parent () other: _____
() Formal Proceedings

Reason for Recommendation: _____

Signature _____ Date _____

Supervisor _____ Date _____

**RELEASE AUTHORIZATION
REQUEST FOR TRANSPORT**

Child Name: _____

Address: _____

Date of Birth: _____

The above-named child is to be released from the Robert J. Kinsey Youth Center

Pursuant to:

- _____ Court order for a change in detention/care status.
- _____ Petition has not been filed by the prosecutor in the prescribed time period.
- _____ Court order that detention is no longer necessary and the child is to be released.
- _____ Transfer to DOC or DCS placement facility.
- _____ Time served as ordered.
- _____ Temporary released to parent/guardian for a medical appointment.
- _____ The child is to be transported back to another jurisdiction for a hearing.

Date of Next Hearing: _____ Time: _____

Release/transport is to occur on _____ Your child is on the following watch status:

Reason:_____.

Authorized Signature

Date

I hereby accept custody and full responsibility of said child for transporting to another jurisdiction, release from the facility, and admission to the Department of Corrections or another DCS placement facility. **I have received medical information, a medical passport, medications, and educational information.** While in custody this child received medical care in accordance with his or her need.

Signature of Person Accepting Custody

Date

Printed Name

Address

Phone Number

I have given the above-named child a copy of this Release Authorization, to document his/her release from Secure Detention.

Kinsey Youth Center Staff Signature